

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S) 09/402936				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51		/		
2		/					52				
3		/					53				
4		/					54				
5		/					55				
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7		/					57				
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40		/					90				
41		/					91				
42	/						92				
43	/						93				
44	/						94				
45	/						95				
46	/						96				
47	/						97				
48	/						98				
49	/						99				
50	/						100				
TOTAL IND.	19						TOTAL IND.				
TOTAL DEP.	32						TOTAL DEP.				
TOTAL CLAIMS	51						TOTAL CLAIMS				